



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E319702**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	14-00860
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LOCAL AGENCY CODING

TOTAL # OF UNITS	02	OBJECT STRUCK	NONE
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DATE OF COLLISION	04	09	2014	TIME (2400)	2052	COUNTY #	31	MILES	N	E	IN	0664
0664												

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>	
SOPER HILL ROAD		BLOCK NO. <input checked="" type="checkbox"/>	9200
MILE POST			

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)	STATE ROUTE 9
		FEET	S	W		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	PHONE
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LAST NAME	LEPTICH	FIRST NAME	JULIE	MIDDLE INITIAL	A
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STREET NEW ADDRESS	4022 142ND AVE NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	LEPTIJA38303	STATE	WA	SEX	F	D.O.B.	09	23	1962
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES	TRANSPORTED BY AID
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LICENSE PLATE #	543XGY	STATE	WA	VIN#	1J8HR48P97C592727
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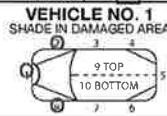
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2007	MAKE	JEEP	MODEL	GRAND	STYLE	4T	VEHICLE TOWED	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	TOWED BY	SPEEDWAY TOWING	GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **JOHN LEPTICH 4022 142ND AVE NE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALL STATE 087104893 09/08
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	PHONE
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LAST NAME	GUSTAFSON	FIRST NAME	STEVEN	MIDDLE INITIAL	D
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STREET NEW ADDRESS	6416 38TH PL NE
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CITY	MARYSVILLE	ST	WA	ZIP	98270
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	GUSTASD220KG	STATE	WA	SEX	M	D.O.B.	05	07	1978
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES	TRANSPORTED BY AID
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LICENSE PLATE #	B11616D	STATE	WA	VIN#	AD7HU18D84J203890
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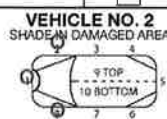
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2004	MAKE	DODE	MODEL	RAM 1500	STYLE	PK	VEHICLE TOWED	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	TOWED BY	SPEEDWAY TOWING	GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **OWNED BY DRIVER**

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	UNKNOWN UNKNOWN
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	ANDREW THOR	BADGE OR ID #	115	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E319702**

CASE # **14-00860**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		JARRELL LAURA K																	
ADDRESS & PHONE #		7426 201ST ST SE SNOHOMISH WA 98296 3606688932																	
SEX		F		D.O.B.		MMDDYYYY		02		08		1967							
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B.		MMDDYYYY													
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B.		MMDDYYYY													
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

Unit 1 was traveling eastbound on Soper Hill road and attempted to make a left turn onto northbound State Route 9 without yielding to the right of way to oncoming traffic. Unit 2 was traveling westbound on Soper Hill Road and was unable to stop as Unit 1 turned in front.

During investigation, Driver Unit 1 admitted to consuming alcohol to EMS. Officers on scene were not immediately informed of this and did not witness this statement. Odors could not be detected by officers due to airbag deployment. Because of short staffing, Officers could not conduct an impaired driver investigation and therefore impairment is unknown.

Driver Unit 2 was also transported by AID. Driver, Unit 2 had on his person a concealed firearm which was taken at his request for safe keeping. Driver, Unit 2 has a valid CPL.

The intersection of east/west bound Soper Hill Road and State Route 9 is controlled by signal lights. There is no turn arrow installed on the signal lights to allow specific turn onto State Route 9

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ANDREW THOR

04-10-14 04:32 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

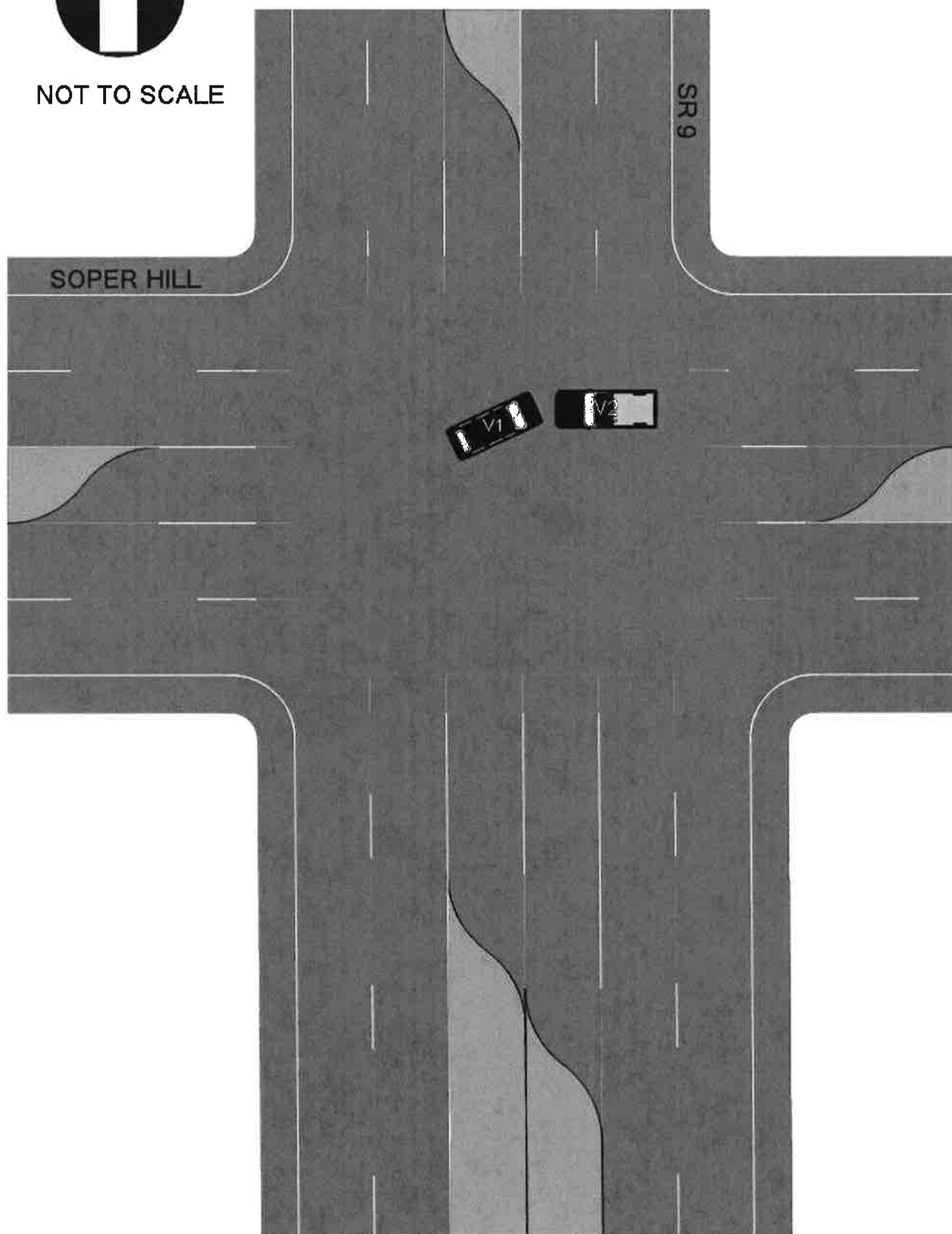
ROBERT MINER 095

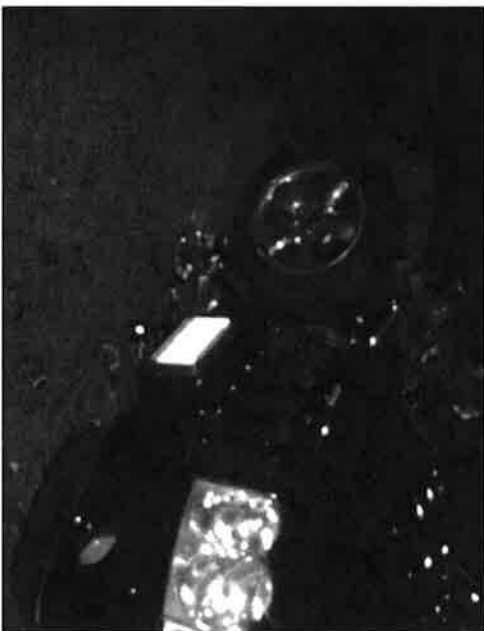
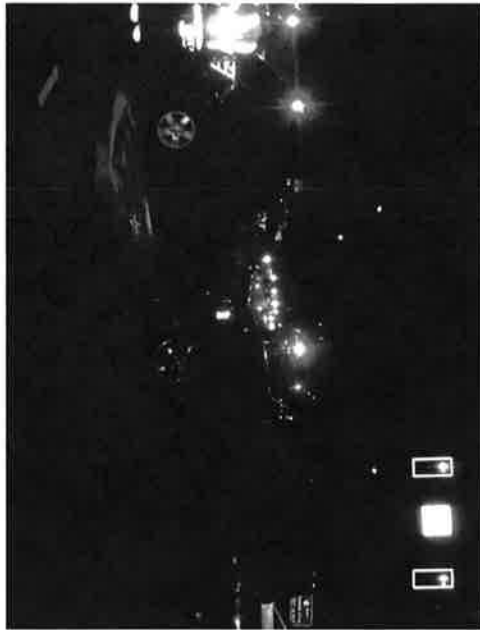
4/10/2014 5:02:23 AM

BADGE OR ID #	115	ORI #	WA0311900	TIME POLICE DISPATCHED	8:52 PM	TIME POLICE ARRIVED	8:54 PM
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NOT TO SCALE







Case Numbers: \$SS14000860

Closed 04/09/14 22:15:42

Loc: SOPER HILL RD/SR 9 NE , LKS (V)

Name: RACHEL

Phone: 4258794210

/2215 CLOSE 19N2

SECTOR CAUSION

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

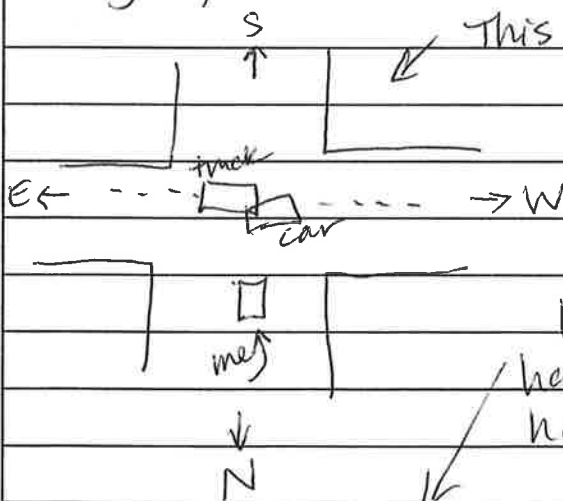
CASE NUMBER 14-00860

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) JARRELL, LAURA K.	RACE	ETH	SEX F	DOB 2-8-67	AGE 47	HGT 5'8"	WGT 130	HAIR BR	EYES HAZ
STREET ADDRESS 7426 201 st ST SE		CITY Snohomish			STATE WA	ZIP 98296	RES. STATUS			
HOME PHONE 360-668-8932		CELL PHONE 206-399-6866			PLACE OF EMPLOYMENT SAHM					
WORK PHONE N/A		EMAIL ADDRESS laura@laurajarrell.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was sitting at the red light to go straight, heading south, on Hwy 9 @ Super Hill Road. I was the first car in line. After a minute or so, ~~the~~ the black truck on my left (heading W) and the other car on my right (heading E) entered the intersection. They collided directly in front of my car, 20-30 feet out in front of me. It looked to me like the car heading East was turning left to go north on Hwy 9, while the truck was heading due West.



This is how they ended up. It happened quickly. I turned off my car, put on hazard lights & hopped out to see if they were alright and then called 911.

I can't recall any details of if cars had blinkers on or not. Again, it just happened so quickly.

I now see that the empty car has a left blinker on. Don't know if the other one is on (flasher? or not)

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Laura Jarrell	DATE SIGNED 4-9-14	LOCATION SIGNED Lake Stevens, WA
OFFICER/NUMBER: A. THOR #115	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

14-00860

TOW / IMPOUND
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☐ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN

1 J 8 H R 4 E P 9 7 C 5 9 2 7 2 7

LICENSE

543K94

STATE

WA

YEAR

07

MAKE

JEEP

MODEL

JPC4

MILEAGE

☐ Report of Sale

☐ Digital

STYLE

4Dr

COLOR

BLK

DRIVER

NAME (LAST, FIRST, MI)

LEPTICH, JULIE A.

STREET ADDRESS

4022 142ND AVE NE

CITY, STATE, ZIP CODE

LAKE STEVENS, WA

PHONE

DOB

9/23/62

REGISTERED OWNER

NAME (LAST, FIRST, MI)

LEPTICH, JOHN J.

STREET ADDRESS

4022 142ND AVE NE

CITY, STATE, ZIP CODE

LAKE STEVENS, WA 98258

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 4/9/14 AT _____ (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SKY VALLEY

TO REMOVE THIS VEHICLE FROM SUPER HIGH / STATE ROUTE 9 (TOWING FIRM)

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

Bill [Signature]

DOL TOW TRUCK NO.

534801

DATE

4-9-14

EQUIPMENT

DAMAGE

EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

☐ GLOVE BOX LOCKED

☐ KEYS []

☐ AUTO STEREO

☐ AUDIO TAPES / CD'S []

☐ CB RADIO

☐ RADAR DETECTOR

☐ TRUNK LOCKED

☐ SPARE TIRE

☐ JACK

☐ CHAINS

☐ OTHER _____

☐ FRONT

☐ R FRONT

☐ R SIDE

☐ R REAR

☐ L FRONT

☐ L SIDE

☐ L REAR

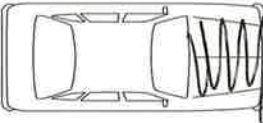
☐ REAR

☐ TOP

☐ UNDERCARRIAGE

☐ OTHER _____

SHADE DAMAGED AREA



INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

VEHICLE 1 IN COLLISION

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X

[Signature]

SNOWMISH

BADGE NO.

115

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

14-00860

TOW / IMPOUND
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☐ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN

1 | D | 7 | H | 4 | 1 | 8 | D | 8 | 4 | J | 2 | 0 | 3 | 8 | 0 | 9

LICENSE

B11616

STATE

WA

YEAR

04

MAKE

DODGE

MODEL

RAM

MILEAGE

STYLE

1500

COLOR

BLK

☐ Report of Sale☐ Digital

DRIVER

NAME (LAST, FIRST, MI)

GUSTAFSON, STEVEN D.

STREET ADDRESS

6416 38 PL NE

CITY, STATE, ZIP CODE

MARYSVILLE WA 98270

PHONE

DOB

5-07-78

REGISTERED OWNER

NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 04/09/14 AT _____ (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SPEEDWAY

TO REMOVE THIS VEHICLE FROM SOPOR HILL / STATE ROUTE 9 (TOWING FIRM)

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

DOL TOW TRUCK NO

ECCZ

DATE

4/9/14

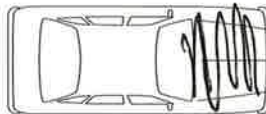
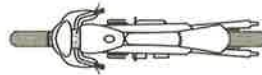
EQUIPMENT

- ☐ GLOVE BOX LOCKED
☐ KEYS []
☐ AUTO STEREO
☐ AUDIO TAPES / CD'S []
☐ CB RADIO
☐ RADAR DETECTOR
☐ TRUNK LOCKED
☐ SPARE TIRE
☐ JACK
☐ CHAINS
☐ OTHER _____

DAMAGE

- ☒ FRONT
☒ R FRONT
☐ R SIDE
☐ R REAR
☒ L FRONT
☐ L SIDE
☐ L REAR
☐ REAR
☐ TOP
☐ UNDERCARRIAGE
☐ OTHER _____

SHADE DAMAGED AREA



EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

VEHICLE 2 IN COLLISION

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X

SNOWHORN

BADGE NO.

115

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

3000-110-076 (R 7/11)

SUPERVISOR

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number A. THOR #115		Case Number 14-00860	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: VEH COLLISION		Date/Time: 4/9/14	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			

Item # AT1 Action # 10	Item HANDGUN	Brand Name RUGER		Storage Location	Disposition
	Brand/Model/Caliber LCP .380		(Further Description)		
	Serial # 377-51800	Where Found DRIVER - 42	Weight of Narcotic		
Owner's Name GUSTAFSON, STEVEN D. 6416 38 PL NE, MARYSVILLE					Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions					

Item # AT2 Action # 10	Item CASE	Brand Name HANDGUN		Storage Location	Disposition
	Brand/Model/Caliber SPRINGFIELD ARMOY		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name GUSTAFSON, STEVEN					Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions (1) LCP 6 ROUND MAG, (7) .380 ROUNDS (UNLOADED)					

Item #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name					Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions					

Item #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name					Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions					

Item #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial # 20070	Where Found WISCONSIN	Weight of Narcotic		
Owner's Name					Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions					

Evidence Control Use Only:					
Received by Evidence:	NCIC/WACIC ✓	Date:	CAD/RMS Checked	ROUTING: _____	
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room	
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File	

LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number A. THOR #115			Case Number 14-00860		
Type of Crime: Felony / Misdemeanor (Circle)			Type of Case: VER COLLISION			Date/Time:		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification					
Item # AT3 Action # 3	Item CD - RW		Brand Name COMPRESSOR		Storage Location		Disposition	
	Brand/Model/Caliber PHOTO CD (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name			Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item # Action #	Item		Brand Name		Storage Location		Disposition	
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name			Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item # Action #	Item		Brand Name		Storage Location		Disposition	
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name			Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item # Action #	Item		Brand Name		Storage Location		Disposition	
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name			Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item # Action #	Item		Brand Name		Storage Location		Disposition	
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name			Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Evidence Control Use Only:								
Received by Evidence:		NCIC/WACIC ✓		Date:		CAD/RMS Checked		ROUTING: _____
Name: _____ # _____		NCIC/WACIC +		Date:		Owner Letter Sent:		White: Property Room
Date: _____ Time: _____		NCIC/WACIC -		Date:		Owner Letter Sent:		Yellow: Case File